

COH ON THE JOB INJURY REFERENCE SHEET

(Must be signed by the employee for confirmation of receipt)

For detailed employee benefits and responsibilities see your Summary Workability Guidelines E.O. 1-33 (For Injured Employees) booklet

- _____ If required your supervisor will take or direct you to nearest medical facility.
- _____ You have your choice of treating doctor. The minor emergency clinic or hospital attended at the direction of your supervisor is not considered your choice of treating doctor. He/she must be on the Approved City and TDI Doctors List, which can be further accessed as described in the booklet, or obtain information from your supervisor. Contact your assigned adjuster as soon as you are aware of your treating doctors information or within 48 hours of accident. The adjuster will need this information to authorize medical treatment.
- _____ In this packet you have been given a sheet that contains pharmacies where you can obtain medications, which have been found to be reasonable and related to your on-the-job-injury, at no cost to you. The name of the subcontractor taking care of this WC benefit can be found in your booklet.
- _____ You must cooperate with investigation. Complete the accident form with your supervisor, answer supervisor and safety officer questions and expect a call from the Third Party WC Administrator within 48 hours of your injury to take a detail recorded statement.
- _____ Any change in work status must immediately be communicated to your supervisor, Administrative coordinator and adjuster to ensure that the proper benefits are initiated or stopped. This will prevent an overpayment causing hardship at time of mandatory reimbursement to the City.
- _____ You must contact your adjuster after every doctor's or treating doctors referral visit (this does not include PT visits), if unable to reach your adjuster insure that your message includes; current work status, treatment plan given by the doctor, next office visit date.
- _____ Contact your Pension Representative to determine how WC benefits affect your pension and retirement.
- _____ Your department will be keeping daily contact as you are required to be available with the exception of medical care, COH business appointments, and meetings with the TDIWC or TPA.
- _____ You may be required to attend safety classes while on injury leave.
- _____ You have received a booklet as part of your injury packet containing contact numbers, salary continuation policy and quick reference part of the requirements under Executive Order 1-33. The complete executive order can be found at the city website.
- _____ It will be deemed that past payments made by City of Houston payroll pending resolution of compensability will be considered as payments of TIBs per Labor Code 408.105. Salary Continuation and accruals will be replenished by the amount of past TIBs owed based on the outcome of dispute resolution.
- _____ **I agree that any overpayments paid in any form as well as any other City funds paid to me that should not have been paid to me may be deducted from my future earnings so long as such deductions do not reduce my earnings below minimum wage in any pay period in which such deductions are made. [NOTE: Failure to initial this section renders injured employee ineligible for salary continuation benefits.]**
- _____ Initialing here confirms that you have received a copy of this document.

By initialing each bullet point and signing the bottom of this page you agree that your supervisor fully explained each point and that you have received your injury packet, which includes the booklet. Your supervisor will keep your acknowledgement, which will be kept in your personnel file for documentation.

Employee Number: _____ Date of Injury: _____

Employee Signature: _____ Today's Date: _____

Supervisor Signature: _____ Today's Date: _____

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